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Bib Data Sheet

CONFIRMATION NO. 9693

SERIAL NUMBER 10/049,655	FILING DATE 10/15/2002  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. P-4615.70
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\*\* CONTINUING DATA \*\*\*\*\* *Yes KCS*

This application is a 371 of PCT/US00/20938 07/31/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Yes KCS*

UNITED STATES OF AMERICA 60147330 08/05/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 8	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>KCS</i>	Initials	

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## TITLE

Medication delivery pen

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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